

Vendor # \_\_\_\_\_

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF TRANSPORTATION

**ANNUAL GROSS RECEIPTS SURVEY**

THE FIRM IDENTIFIED BELOW ACKNOWLEDGES AND CERTIFIES THAT THIS PAGE ACCURATELY REPRESENTS THE INFORMATION CONTAINED HEREIN.

FIRM'S FULL LEGAL NAME \_\_\_\_\_ VENDOR NO. \_\_\_\_\_

FIRM'S  
ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

AGE OF FIRM \_\_\_\_\_

FIRM'S STATUS: DBE \_\_\_\_\_ NON-DBE \_\_\_\_\_ SWAM \_\_\_\_\_

ANNUAL GROSS RECEIPTS FOR THE FIRM'S FISCAL YEAR ENDING (Year Only) \_\_\_\_\_

ANNUAL GROSS RECEIPT DOLLAR AMOUNT \$ \_\_\_\_\_

\_\_\_\_\_  
Printed Full Legal Name of Authorized Company Officer (on page 2 of Form C32)

Signature \_\_\_\_\_